

of the system. In this point of view, it is analogous to various nervous and neuralgic complaints, which are frequently periodic in their attack. Periodicity, indeed, according to his view, is the normal mode of action of the nervous system, and it is therefore not improbable that certain morbid phenomena should obey the same law. In such cases, quinine is indicated from its anti-periodic powers.—*Monthly Journ. and Retrospect Med. Sci.*, from *Gazette des Hôpitaux*, Aug., 1848.

SURGICAL PATHOLOGY AND THERAPEUTICS AND OPERATIVE SURGERY.

42. *Ligature of the Primitive Carotid Artery for an Aneurismal Tumour in the Temporal Region.*—M. BARRIER has recorded in the *Journ. de Méd. de Lyon* a case of aneurismal tumour in the temporal region in a woman thirty years of age, resulting from a blow. When the patient was admitted into the Hôtel Dieu of Lyons, the tumour was of the size of three-fourths of an orange, and extended from the ear to the angle of the eye; it was pulsatile, its pulsations ceasing on the compression of the temporal artery towards its origin, or more completely when the primitive carotid was compressed. M. B. tied the primitive carotid on the 3d of November; demiaphonia and difficulty of deglutition supervened, but both ceased on the third day. The ligature came away on the thirteenth day. On the 10th of December, the date of the last report, it is stated that the wound had almost entirely healed; the tumour had decreased in volume and there was no pulsation in it; and all cerebral symptoms had ceased.—*Gaz. Méd. de Paris*, 30th September, 1848.

43. *Strangulated Hernia, reduced by Fright.*—M. CABARET reports in the *Journal de Montpellier*, a case of strangulated inguinal hernia, in a man thirty-five years of age, which, having resisted all means of reduction, it was determined that an operation was necessary. The patient was excessively alarmed on this being announced to him. The skin over the tumour was shaved, a fold drawn up, and an incision was about to be made, when the patient fell into a sudden collapse. M. C., looking then at the tumour, perceived a movement in it, and on placing his hand on it, found that reduction had spontaneously occurred. The patient speedily revived under the use of stimulants and a rapid cure was accomplished.—*Gaz. Méd. de Paris*, Sept. 23, 1848, from *Journ. de la Société de Méd. Pratique de Montpellier*.

44. *Application of Laudanum in Orchitis.*—It is well known that the pain which attends the acute stage of orchitis and blennorrhagic epididymitis is most intense. M. VOILLEMIER employs the following treatment which relieves those pains when most intense, in a few hours. He envelops the inflamed testicle in a compress dipped in pure laudanum, and covers it with oiled silk. In three or four hours the organ is narcotized; the pains cease and the inflammation always rapidly abates.—*Gaz. des Hôpitaux*, July 8th, 1848.

45. *Rigidity of the Hand after Fracture of the Forearm.*—M. HERVEZ DE CHEGOIN observes, that owing to the compression used in the treatment of fractures of the forearm, and the prolonged extension of the fingers, the patient often remains with an impaired mobility of the hand and fingers, which places him in a worse state than if no treatment whatever had been employed. Indeed, on this account M. Velpeau has abandoned the use of apparatus in these fractures.

The manner in which the author treats these cases, so as to prevent rigidity, is as follows:—In those in which there is no displacement he merely lays the forearm on a somewhat solid surface; but where there is a constant tendency to the reproduction of the displacement, he places it on a very thick and firm cushion, terminating opposite the bend which separates the hand from the arm—bring it more or less near this bend, accordingly as the lower fragment projects forwards or backwards; so that in the first case it is this fragment which is brought against the cushion, and in the other, the lower extremity of the upper fragment.

The hand is allowed to hang down in front of, and below, the cushion. On the twelfth day a splint and compress four inches long are substituted, and kept on by two broad tapes tied over a single pad on the back of the arm, so as to avoid all constriction. If there is displacement towards the interosseous space, a compress may be there interposed. Entire consolidation takes place towards the thirty-fifth day, and, in consequence of the absence of injurious compression, neither gangrene, muscular atrophy, nor adhesions occur, and tedious convalescence and imperfect recovery are avoided.—*Brit. & For. Med. Chirurg. Rev.*, Oct. 1848, from *L'Union Médicale*, No. 46.

46. *A New Mode of Performing Lithotomy by the Rectum.* By M. MAISONNEUVE.—An interesting case has been recently published, in which the operation performed by Sanson and Vacca was advantageously modified. After placing the patient (æt. 28) in the ordinary lithotomy position, and giving the catheter (with a very large groove) in charge of an assistant, M. Maisonneuve, standing between the thighs, lodged the nail of his left index-finger, passed into the rectum, in the groove of the catheter, just anterior to the prostate. Along this finger he next slid a pointed bistoury, guarded by lint to within a centimetre of its end, and made a small incision through the rectum and membranous portion of the urethra. Still retaining his nail in the groove, he next passed a double lithotome, with its concavity upwards, and having assured himself of its secure implantation in the groove, withdrew his index-finger, took hold of and slightly raised the catheter with his left hand, while with his right he opened the bladder with the lithotome. The catheter was now withdrawn, and the right hand so turned as to bring the concavity of the lithotome backwards. Next he introduced the index and middle fingers of the left hand above the lithotome, and separated the one from the other, so as to dilate the rectum and protect the sphincter while he withdrew the lithotome, the blades of which, separated fourteen lines from each other, made a bilateral incision in the prostate and rectum. The forceps were then passed along the fore-finger, and the stone removed.

The patient recovered so rapidly, as to be sitting in the yard on the fourth day, and he was exhibited at the academy after a long walk, on the ninth. A urinary fistula still remained when he returned to the country on the seventeenth day, but this subsequently healed. This operation differs from that of Sanson and Vacca by leaving the lower end of the rectum, the sphincter, and the perineum untouched; and this prevention of the exposure of the wound to external influences, places it very much in the same category with the subcutaneous incisions.—*Brit. & For. Med. Chirurg. Rev.*, Oct. 1848, from *L'Union Médicale*, No. 63.

47. *Reduction of a Dislocation forward of the Inferior Surface of the Fifth Cervical Vertebra.* By M. VRIGNONNEAU.—The patient fell from a tree, on his head, and lost consciousness, which, however, returned in half an hour; he then complained of violent pain at the vertex and back of the neck; the author diagnosed—how, he does not say—a dislocation forwards of the inferior surface of the fifth cervical vertebra. He bled the man, and ordered absolute rest, but without avail; and forty hours subsequently—speech having become difficult, the face injected, the respiration stertorous and the pulse almost imperceptible—he determined to give him the chance of an attempt at reduction. For this purpose the man was seated, two assistants pressing firmly, one on each shoulder, while M. V. gently extended the neck. Partial extension rendered the speech stronger, and respiration freer, and emboldened the operator to proceed further. When he thought the extension sufficient, he carried the head and superior part of the neck backwards; this manipulation was followed by a snap, and from that moment the man recovered as by enchantment. The patient at the date of the report had returned to his work, but there still remained some rigidity of the neck, and lateral motion especially is very limited.—*Journal de Connaiss. Médico-Chir.*, Jan. 1848.

48. *Vertical Dislocation of Patella.*—M. DEBROT relates a case of this rare accident. It happened to a man of sixty, who got his leg entangled in a cart wheel; when raised he could not stand upright. His appearance was as follows: